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|--|---|-----------------------------|---|----------|---|------------------|----------|--------------------|---------------------------------------|--------------------|----------------------------|-----------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875  |   |                             |   |          |   |                  |          |                    | Application or Docket Number          |                    |                            |                             |  |
| APPLICATION AS FILED - PART I<br>(Column 1) (Column 2)   |   |                             |   |          |   |                  | _        | SMALL              | ENTITY                                | OR                 | OTHER THAN<br>SMALL ENTITY |                             |  |
| FOR  |   |                             | NUMBE   | ER FILED | NUMB  | NUMBER EXTRA     |          | RATE (\$)          | FEE (\$)                              | ŀ                  | RATE (\$)                  | FEE (\$)                    |  |
| BASIC FEE<br>(37 CFR 1,16(a), (b), or (c))   |   |                             |   |          |   |                  |          |                    | 395                                   |                    |                            | 790                         |  |
| SEARCH FEE   |   |                             |   | _        |   |                  | 1        |                    | 1                                     |                    |                            |                             |  |
| (37 CFR 1.16(k), (i), or (m))<br>EXAMINATION FEE<br>(37 CFR 1.16(o), (p), or (q))  |   |                             |   |          |   |                  | 1        |                    |                                       |                    |                            |                             |  |
| TOTAL CLAIMS<br>(37 CFR 1.16(i))   |   |                             |   | minus 2  | 0 = .                                       |                  | 1        | x∂5=               |                                       | OR                 | ×50 =                      |                             |  |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(h))   |   |                             |   | minus 3  | . = .                                       |                  | 1        | × 100              |                                       |                    | ×900                       |                             |  |
| APF<br>FEE   | PLICATION SIZE  | ' s<br>is<br>a              | If the specification and drawings exceed 100<br>sheets of paper, the application size fee due<br>is \$250 (\$125 for small entity) for each<br>additional நிருந்தின் கண்ணியர் முற்று<br>35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |          |   |                  |          |                    | kulika kitus ita                      | ा अस्त्रको         |                            |                             |  |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(0))  |   |                             |   |          |   |                  |          |                    |                                       |                    |                            |                             |  |
| -111   | * If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL TOTAL |                             |   |          |   |                  |          |                    |                                       |                    |                            |                             |  |
| APPLICATION AS AMENDED - PART II  1/3/05 (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY   |   |                             |   |          |   |                  |          |                    |                                       |                    |                            |                             |  |
| AMENDMENT A  | / <del>-                                   </del>                                     | REMA                        | IMS<br>INING<br>IER<br>DMENT  |          | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |          | RATE (\$)          | ADDI-<br>TIONAL<br>FEE (\$)           |                    | RATE (\$)                  | ADDI-<br>TIONAL<br>FEE (\$) |  |
|  | Total<br>(37 CFR 1.160))  | 5                           |   | Minus    | $\tilde{a}$                                 | =                | x 35=    |                    | OR                                    | x50=               |                            |                             |  |
|  | Independent<br>(37 CFR 1.16(h))   | . 9                         |   | Minus    | -3  | =                | 1        | (O)                | · · · · · · · · · · · · · · · · · · · | ÖR                 | 200                        |                             |  |
| ME   | Application Siz   | e Fee (37                   | (37 CFR 1.16(s))  |          |   |                  |          |                    |                                       | Ÿ                  | 54.55                      |                             |  |
| ∀ .  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))                       |                             |   |          |   |                  |          | 180                |                                       | OR                 | 360                        |                             |  |
|  |   |                             |   |          |   |                  | <b>-</b> | TOTAL<br>ADD'L FEE | ·                                     | OR                 | TOTAL<br>ADD'L FEE         |                             |  |
|  | :   | (Colun                      | nn 1)   |          | (Column 2)                                  | (Column 3)       |          |                    |                                       |                    |                            |                             |  |
| MENT B   |   | CLA<br>REMA<br>AFT<br>AMEND | INING<br>ER   |          | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |          | RATE (\$)          | ADDI-<br>TIONAL<br>FEE (\$)           |                    | RATE (\$)                  | ADDI-<br>TIONAL<br>FEE (\$) |  |
|  | Total<br>(37 CFR 1.16())  | •                           |   | Minus    | **  | =                | 7        | x05=               |                                       | OR                 | ×SO=                       |                             |  |
| N  | Independent<br>(37 CFR 1.16(h))   | •                           |   | Minus    | ***   | =                | 1        | 100                |                                       | OR                 | ခက္                        |                             |  |
| AMEND  | Application Siz   | e Fee (37                   | CFR 1.16  | S(s))    |   |                  | 1        |                    |                                       |                    | -QQQ                       |                             |  |
| •  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(J))                       |                             |   |          |   |                  |          | 180                |                                       | OR                 | 360                        |                             |  |
| TOTAL ADD'L FEE  |   |                             |   |          |   |                  |          |                    | OR                                    | TOTAL<br>ADD'L FEE |                            |                             |  |
| <ul> <li>If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".</li> <li>The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.</li> </ul> |   |                             |   |          |   |                  |          |                    |                                       |                    |                            |                             |  |

Maria Commanda ( Commanda )

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number
146808.0039/P039

| Effective October 1, 2003  |  |   |            |                                      |              |                  |          |                  |                        |       | /                  |                        |
|--|--|---|------------|--------------------------------------|--------------|------------------|----------|------------------|------------------------|-------|--------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |            |                                      |              |                  |          | MALL E           | YTITY                  | OFi   |                    | R THAN<br>ENTITY       |
| T  | OTAL CLAIMS                                    | 5   | 17         |                                      |              | ,                | lΓ       | RATE             | FEE                    | 7     | RATE               | FEE                    |
| F  | OR   |   | NUMBER     | RFILED                               | NUMBER EXTRA |                  |          | ASIC FEI         | 385.00                 | ОЯ    | BASIC FEE          | 770.00                 |
| T  | OTAL CHARGE                                    | ABLE CLAIMS                               | 7 m        | inus 20=                             | •            |                  |          | XS 9=            |                        | OR    | XS18=              | -                      |
| <b>I</b> —   | DEPENDENT C                                    |   |            | ninus 3 =                            |              |                  |          | X43=             |                        | OR    | X86=               | 86                     |
| M  | JLTIPLE DEPE                                   | NDENT CLAIM F                             | RESENT     |                                      |              |                  |          | +145=            |                        | OR    | +290=              | /                      |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |            |                                      |              |                  | -        | TOTAL            |                        | -Ji i | TOTAL              | 856                    |
| CLAIMS AS AMENDED - PART II  |  |   |            |                                      |              |                  |          |                  |                        |       | OTHER              |                        |
|  | ,  | (Column 1)                                |            | (Colum                               |              | (Column 3)       |          | SMALL ENTITY     |                        |       | SMALL              |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |            | HIGHE<br>NUME<br>PREVIO<br>PAID F    | ER<br>USLY   | PRESENT<br>EXTRA |          | RATE             | ADDI-<br>TIONAL<br>FEE |       | RATE               | ADDI-<br>TIONAL<br>FEE |
| NON  | Total  | •   | Minus      | **                                   |              | =                |          | X\$ 9=           |                        | OR    | XS18=              |                        |
| AME  | Independent * FIRST PRESENTATION OF MU         |   | Minus ***  |                                      |              |                  |          | X43=             |                        | OR    | X86=               | •                      |
| <u> </u>   | FINDI PRESI                                    | ENTATION OF M                             | OLIPLE DE  | PENDENI                              | CLAIM        |                  | ١,       | 145=             |                        | OR    | +290=              |                        |
|  |  |   |            |                                      |              |                  | <u> </u> | TOTAL            |                        | OR    | TOTAL              |                        |
| ADDIT. FEE   |  |   |            |                                      |              |                  |          |                  |                        |       | ADDIT. FEE         |                        |
|  |  | (Column 1)                                |            | (Colum                               |              | (Column 3)       |          |                  |                        | 1 6   |                    |                        |
| AMENDMENT B  |  | REMAINING<br>AFTER<br>AMENDMENT           |            | NUMB<br>• PREVIOI<br>PAID F          | USLY         | PRESENT<br>EXTRA | F        | RATE             | ADDI-<br>TIONAL<br>FEE |       | RATE               | ADDI-<br>TIONAL<br>FEE |
|  | Total  | •   | Minus      | **                                   |              | =                | ,        | (S 9=            |                        | OR    | X\$18=             |                        |
|  | Incependent                                    | NTATION OF ML                             | Minus      | SENOENT.                             | 21 6164      | =                | 7        | <b>(43=</b>      |                        | OR    | X86=               |                        |
|  | 11107111202                                    | WATON OF ME                               | CHIPEE DEI | -ENDENT (                            | CANVI        |                  | 1        | 145=             |                        | OR    | +290=              |                        |
|  |  |   |            |                                      |              |                  | ADD      | TOTAL<br>IT. FEE |                        | OR A  | TOTAL<br>DDIT, FEE |                        |
|  |  | (Column 1)                                |            | (Colum                               |              | (Column 3)       |          |                  |                        |       |                    |                        |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |            | HIGHE<br>NUMBE<br>PREVIOU<br>PAID FO | R<br>ISLY    | PRESENT<br>EXTRA | R        | ATE              | ADDI-<br>TIONAL<br>FEE |       | RATE               | ADDI-<br>TIONAL<br>FEE |
| Š  | Total  | •   | Minus      | **                                   |              | <b>.</b>         | х        | \$ 9=            |                        | OR    | X\$18=             |                        |
| ME   | Independent                                    | *   | Minus      | ***                                  |              | 8                | I →      | 43=              |                        | t     | Voc                |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |            |                                      |              |                  | <b> </b> | 43=              |                        | OR    | X86≈               |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE  OR +290=  OR ADDIT. FEE |  |   |            |                                      |              |                  |          |                  |                        |       | ·                  |                        |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.  |  |   |            |                                      |              |                  |          |                  |                        |       |                    |                        |